

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/750483
FILING DATE
APPLICANT(S)

6/18/07

CLAIMS

AS FILED	AFTER		AFTER		*	
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*
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